PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

| maintenance fee notifications. | d onici wisc | in Block 1, by (| a) specifying a new co | rresponde | nance rees wence address; | and/or | (b) indicating a sep | should be completed where t correspondence address as parate "FEE ADDRESS" for | |
|--|--|--|---|--|---|---|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| 23403 7390 03/22/2007 | | | | | | | | | |
| HESLIN ROTHENBERG FA | hereby c | Cert ertify that thi | tificate (is Fee(s) | of Mailing or Tran Transmittal is bein | smission or denosited with the United | | | | |
| 5 COLUMBIA CIRCLE ALBANY, NY 12203 | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| | | Phil | ip///Han | sen | | (Depositor's name) | | | |
| | | | <u>[</u> | _// | Shy | _// | fam | (Signature) | |
| | | | L | May | 23, 2007 | - 1 | | (Date) | |
| APPLICATION NO. FILING DATE | | FIRST NAMED INVEN | | OR | ATTOR | | NEY DOCKET NO. | CONFIRMATION NO. | |
| 10/700,318 10/31/2003 | | | James V. Crivello | | | 0094.072 | | 5438 | |
| TITLE OF INVENTION: COMMAND-CURE ADHESIVES | | | | | | | | | |
| | | | | • | | | | | |
| | | | | | | | | | |
| APPLN. TYPE SMALL ENTITY | ISS | UE FEE DUE | PUBLICATION FEE DU | E PREV | PREV. PAID ISSUE FEE TOTAL FEE(S) D | | | DATE DUE | |
| nonprovisional YES | | \$700 | \$300 | | \$0 | | \$1000 | 06/22/2007 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | s | | | | | |
| MCCLENDON, SANZA L | | 1711 | 522-168000 | | | | | | |
| 1. Change of correspondence address or indic CFR 1.363). | 2. For printing on the | e patent fr | ont page, list | : | Heslin Ro | thenberg Farley & | | | |
| | the names of up or agents OR, alterna | to 3 regis | stered patent | attorney | s 1 Mesiti P. | <u>C</u> | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | (2) the name of a single firm (having as a member a 2 | | | | | | |
| "Fee Address" indication (or "Fee Add PTO/SB/47; Rev 03-02 or more recent) a Number is required. | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE D | ATA TO BE | PRINTED ON T | HE PATENT (print or | type) | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| (A) NAME OF ASSIGNEE | (B) RESIDENCE; (CIT | | | | | | | | |
| Rensselaer Polytechnic Institute Troy, New York | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | |
| 4a. The following fee(s) are submitted: | | | | | | | | | |
| ☑ Issue Fee | p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| Advance Order - # of Copies10 | | | ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-1935 (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity Status (from status indic | ated above) | · · · · · · · · · · · · · · · · · · · | o corpayments to pop | 3031071000 | June Humbor | 00-13 | (enclose at | extra copy of this form). | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | | | |
| NOTE: The Issue Fee and Publication Fee (if interest as shown by the records of the interest as shown by the interest as shown | required) wi States Paten | ll not be accepted t and Trademark | from anyone other than Office. | the appli | cant; a regist | ered atto | mey or agent; or th | e assignee or other party in | |
| Authorized Signature Muly | 9/ | an | | | | ay 23, | | | |
| Typed or printed name Philip E. H | | | gistration No. | | 2,700 | | | | |
| This collection of information is required by an application. Confidentiality is governed by submitting the completed application form to this form and/or suggestions for reducing this Box 1450, Alexandria, Virginia 22313-1450. Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, | 7 CFR 1.311 35 U.S.C. 1 the USPTO burden, sho DO NOT SI | 1. The information 22 and 37 CFR 1 . Then will vary out to the END FEES OR Core required to resr | is required to obtain or .14. This collection is e depending upon the ind Chief Information Offic OMPLETED FORMS 1 | retain a t stimated t ividual ca cer, U.S. I TO THIS | penefit by the to take 12 mi se. Any com Patent and Ti ADDRESS. | public v nutes to ments or radernark SEND T | which is to file (and complete, including the amount of time Office, U.S. Depa O: Commissioner for | by the USPTO to process) g gathering, preparing, and the you require to complete triment of Commerce, P.O. or Patents, P.O. Box 1450, | |